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PRIVATE NURSING.

To tell the whole truth and nothing but the truth of any subject is much more difficult than is generally supposed. In fact, I think the whole truth is an impossibility, so, in speaking of private nursing, we must content ourselves with a more or less imperfect and incomplete expression by the individual nurse of the impression she derives from her own point of view and experiences.

Most of us begin our training, I believe, with what we later term "high ideals" and too, I believe, we retain these high ideals of the profession throughout our training so that we begin the work of a graduate nurse with this very valuable asset.

If, as the years pass, we lose this high opinion of the work we have chosen, let us blame ourselves. There is some defect in our practice of the profession, or possibly only in the theory of it that robs us of the full measure of satisfaction in our work.

The young woman who takes upon herself the name and duties of a nurse, and, at the same time, lacks a sympathetic interest in each and every fellow human being, has, I cannot say my sympathy, but certainly, my pity.

The welfare of others must be our aim and, in the mere accomplishing of this, must be found, to some extent, our reward, if we are to feel that we are making a success of our work.

Honesty compels us to give to our patient value for value, but if the giving of our services is anything but spontaneous, I fear we are the losers, as what sum per year would be high enough to repay us for losing ourselves in the various homes and lives of others, were there no compensation to be taken from the effects of the work upon ourselves.

None but a perfectly unselfish person can always and only take delight in her life of professional services. We will agree that absolute unselfishness on the part of a private nurse simplifies most of her difficulties, but few or none of us can claim that high degree of self-forgetfulness. We have lived a portion of our lives before taking up the work of a nurse, and it is not always easy to set aside the claims of a former happy social circle, or of the previously indulged characteristic or personal tendency, or even of our past physical ease with its luxury of undisturbed sleep and choice in its means of recreation.

Certainly our attachments to the inexpressible joys of home ties and home life must submit to a painful severing unless we can take into our hearts the great human family. Possibly what many of us miss as much as anything is the privacy and freedom of the little room at home we called our own. This little kingdom of individuality, universally dear to the girl-heart, is none the less dear to us for our having become nurses.

Yet we have chosen to do a work. Let us look about us and find out with whom we would exchange our lot. It is true that we are often exposed to the danger of infectious illnesses and our well-trained eye detects that danger where others may not dream of its existence, but are we not well armed with our knowledge of self-protection? Who would not prefer to walk securely in the midst of known germ infection than to stand aside in dread on doubtfully safe ground? And I think those glimpses behind the scenes have surely driven away for ever from us any longing we may have had for a life of ease and freedom of responsibility.

We have learned the lesson of living; that only by giving to the world our best can it give, in its own complex and intangible way, its best to us, and we become more than grateful and contented. We are happy.

An occasional nurse complains that private nursing becomes, after a time, monotonous, uninteresting. My opinion of the work is that it is too interesting, too absorbing for constant occupation. Therefore arises the necessity that a nurse put aside absolutely her professional duties for, say at least, a sixth of her time. Fortunately our fees are such that we may do this, and the vacation we allow ourselves may be devoted to the suppressed fads and fancies that too must find expression if we are to develop the all-round personality.

Each case calls for some special effort on the part of the nurse. To this case, she gives her best physical endurance and activity with ready adaptability to environment. The last one needed especially her patience, gentleness, tact and delicacy, while the one previous may have called for a full degree of dignified firmness to enable her to accurately accomplish her professional observations and administrations.

The latter is probably the services rendered most cheerfully by the average nurse, as she considers this her clearly defined duty. Her work and hers alone; no one else presumes to even think she can do this so well as the trained nurse, but though those humbler and less strictly professional duties lack the glow of absolute superiority, we should hardly complain in finding that our field of work includes the activities of our most womanly attributes.

Certainly a great variety of well-trained qualifications are expected of the nurse, but she is not the only giver. Each case should give something to us. Since each case is in some way different to all others, we at least gain in experience, but as well each case should in some way add to our list of sympathies as each presents a different insight into the life or lives of others.

Those who know humanity best love it most. In literature and other works of art we are ever striving for the real. We want only the real, the true. What other walk of life then, in all the world, offers the opportunity of close contact with human nature, that the private nurse may have for the taking.

The rich and the poor, the learned and the unlearned, are but great divisions of mankind containing a thousand and one subdivisions and combinations, and all lie disclosed before the intelligent nurse for observation and contemplation. The luxury of this privilege should make our lives rich.

Being women, we are naturally interested in such subjects as domestic science, domestic help, woman's rights, child discipline and family harmony. If

the nurse with her trained observation and ample experience cannot solve these problems then, I fear they are beyond woman-kind.

To be able to do our duties faithfully and to still have ambition and energy to grasp and make the most of our many opportunities, we must guard our store of precious health. We all know how to do this, but many of us, under the pressure of circumstances, sacrifice health as readily as we give up our personal time or social engagements. This is unwise. A moment's thought will convince us of the necessity of health if we would attain success in our effort to be the desirable, well-read, modern, progressive nurse.

ANNIE KENNEDY, Brandon, Man.

OBSTETRICAL NURSING.*

The routine care and treatment of patients in the Maternity Department ("Burnside") of the Toronto General Hospital.

While our routine at the Burnside has altered considerably in the past few years, there are few real changes in our actual nursing. We adhere to a great many of the old methods that were so ably and firmly impressed upon us by the late Miss McKellar, whom most of you will remember.

We continue to use the "nine pins" in the abdominal binder, and stand on the "left side" of the patient to pin that binder on; there is no better way. The old jute has been done away with and we use absorbent cotton for our washers. Since the buttercloth has been denied us, and we are forced to use thin surgical gauze for our vulva dressings, it has been necessary for us to give up the style of pad known to us as the "Snively" vulva pad, that has been used in the Burnside for so many years.

It is gratifying to notice the decrease in the percentage of our unmarried mothers, each year they seem to become fewer in number. Our average is kept up, however, chiefly by the poor married women who have recently emigrated from the British Isles and Finland.

I feel I am not exaggerating when I say that quite ninety per cent. of our unmarried patients are feeble-minded, some of them are exceedingly deficient mentally.

Immediately upon admission to the public ward of the Burnside, a patient in the first stage of labor is taken to the bathroom and her preparation is begun.

First of all a simple enema of two pints is given. The vulva and pubis are then clipped carefully, after which a full tub bath is given, the hair washed, and the body examined for eruptions of any nature. Then follows a vaginal douche of lysol dr. i, green soap dr. i, and water one quart. The body from the waist line to the knees, and lastly the external genitals are thoroughly cleansed with green soap and water and lysol one-half per cent After this the vulva is carefully protected with a (1-3000) bichloride pad, the patient is put to bed and made ready for immediate examination by the house doctor.

The external pelvic measurements are taken and recorded, the abdomen is palpated and a diagnosis made as to the position and presentation of the child in utero. Then, in order to ascertain how far labor has advanced, the house

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*Read before the Alumnae Association of Toronto General Hospital.

doctor scrubs up, and with a gloved hand examines, vaginally, the patient who has been placed in the modified Sims or the dorsal position as desired by the doctor.

Until dilatation is complete and the bearing down pains begin, the patient is allowed to move about, providing, of course, the membranes have not ruptured, in which case the patient is kept in the recumbent position in bed. The patient is closely watched, the vulva washed off and pads changed from time to time, until such time as is necessary for her to be placed on the clinic bed. Throughout the first stage, and the beginning of the second stage, a simple enema is given every twelve hours and the bladder is emptied at lease every five hours, either voluntarily or per catheter. If, however, the bladder becomes distended before the five hours are up, it is our duty to see to it that it is emptied.

Just here I might say that our visiting obstetricians tell me that they have a great deal of trouble in private practice with nurses overlooking that important part of their work; we therefore place great emphasis upon that point in our training at the Burnside. We all know that the distended bladder not only causes the patient great discomfort and abdominal pain, but subjects her to the great danger of having the bladder wall ruptured during the pressure upon the distended organ, brought about by the forceful pains of the second stage of labor.

When the bearing down pains begin the patient is put on the clinic bed, the laparotomy stockings are drawn over the legs and thighs and firmly pinned to the night dress that has been turned up underneath so that it is but long enough to reach the waist line. The patient lies on her left side in the modified Sims position, the shoulders are protected by a neatly folded sheet and the buttocks and thighs by sterile towels. Sometimes, as the pains become very strong and the head is prorgessing very rapidly on to the perineum, a light anaesthetic is given, just sufficient to take the edge off the pains and to allow the perineum to thin more gradually. Immediately the head is born the patient is turned on her back, the infant's eyes and mouth washed with 1-40 boracic acid, and the mucous drawn from the child's throat by means of a glass tube or rubber catheter. When the child is born and pulsation has almost ceased in the cord, the cord is clamped in two places, tied with double crochet cotton and cut. The infant is received in a towel-lined blanket and removed to the nursery.

In cases where the patient has had morphia during labor, or where a heavy anaesthetic has been given, or where there has been a long, slow labor with hard ineffectual pains, there is usually need of employing artificial means of resuscitating the child. Under the above condition we always have ready baths of hot and cold water in which to immerse the child if necessary.

Immediately after the birth of the child the fundus is firmly gripped and held for twenty minutes at least, after that, if there have been three firm contractions of the uterus, the placenta is expressed and is received in a basin lined with a sterile towel, examined carefully, then weighed and the length of the cord measured.

During the interval between the birth of the child and that of the placenta, if perineal repairs are required they are usually made. If the lacerations extend to the bowel, or in cases of primary post partem haemorrhage, or where the

condition of the patient is such that she cannot have more anaesthetic, then the repairs are left and are made about the third day. In all cases of perineorrhaphy we use chromic catgut for buried sutures and silk worm gut, prepared in a solution of iodine, for external use.

For a forceps delivery the patient is placed on her back, anaesthetized, placed in the lithotomy position and brought to the foot of the bed, the catheter passed, the external genitals again scrubbed with green soap and water and lysol solution, one-half per cent., and the thighs protected with sterile towels. The axis traction forceps are applied. Immediately the head is born the patient is drawn back, the legs lowered, and the remainder of the case conducted in the same fashion as the normal case before mentioned.

In any case, at the conclusion of the third stage of labor, the external genital organs are washed with lysol solution, one-half per cent., followed by a solution (1-3000) bichloride of mercury, and a pad of moist bichloride (1-3000) is placed over the vulva, a firm abdominal binder is applied and the patient is ready for bed.

Dr. McIlwraith does not consider the abdominal binder essential, in fact he maintains that the day is not far distant when it will be dispensed with entirely. We find that while it has no effect upon the involution of the uterus or the woman's figure later on, it certainly adds to the comfort of the patient in giving support to the suddenly relaxed muscles.

The dressings are done every four hours during the first twenty-four hours and every six hours after. The bichloride of mercury pad is used throughout the period the patient is in bed.

Just here I might mention that where the patient has perineal stitches we dry them carefully after the usual flushing and pack them carefully around with sterile absorbent cotton and place the bichloride pad forward over the vaginal orifice.

Each day after the morning dressing, when the bladder has been emptied, the height of the fundus above the symphysis pubis is measured and recorded on the chart. The character and amount of lochia is also observed and recorded each day.

On the morning after the second day an ounce of Ol. ricini is given, and after that has had the desired effect we use, when necessary, Burroughs' Wellcome Vegetable Laxative Tabloid ii, at bed time. On the second day, if there has been no haemorrhage, and if there has not been an extensive perineorrhaphy, the patient sits up with the back rest for half an hour, and each succeeding day a little longer until she is sitting up most of the time.

On the eighth day the stitches are removed, and on the tenth day, if the fundus is down and the temperature has been normal for four days, she is allowed to get up. She leaves the hospital on the fourteenth day.

Normal cases throughout have full diet, with a nourishing fluid between meals, and two fluids during the night. This, of course, is subject to changes according to the condition of the breasts after lactation takes place.

For pendulous breasts and breasts that are swollen and tender from the engorgement at lactation, we find the application of a fairly snug breast binder gives support and relief. Where there is a superabundant secretion of milk and

the baby cannot relieve the condition sufficiently, we pump the breasts after each feeding and apply a snug breast binder, give purgatives (usually magnesium sulphate) and reduce the amount of fluid and solid diet. Again where we have persistent abundant secretions of milk, with caking and redness of the glands, we reduce the diet to a minimum, give calomel and magnesium sulphate, the latter in repeated doses until the bowels move very freely, the breasts are relieved by means of the breast pump, and a snug breast binder securely applied, keeping in place a dressing of antiphlogistine. Openings are cut in the binder to allow the nipples to protrude so that the baby may nurse and the pressure still be maintained. The antiphlogistine is changed once in twenty-four hours.

Where there is insufficient milk the diet is increased, with a large amount of fluids. Malted milk, gruel, cocoa and milk are largely used as fluids between meals and in the night. Purgatives are avoided, and if necessary enemata are given.

Where it is desirous of suppressing the secretions entirely, before lactation has taken place, the tight binder is applied, using great care to pad around the glands and up to the shoulder in order to make even pressure. Calomel and magnesium sulphate are given in repeated doses until the bowels move about three times in twenty-four hours. The diet is extremely light with no fluids. If the breasts become very painful morphia is given. For suppressing the secretions after lactation has taken place the above methods are followed, but before applying the breast binder the breasts must be emptied by using the breast pump.

For tender and cracked nipples we apply an ointment of equal parts of olium ricini and bismuth subnitrate after each feeding and directly over this is placed a zinc nipple shield. When the cracks are at the side or base of the nipples we apply a hot boracic acid compress for six hours, then touch the base of the fissures with the eye end of a probe which has previously been dipped into pure carbolic acid. Follow this with an application of alcohol ninety per cent. and apply the olium ricini and bismuth subnitrate with the zinc shield before mentioned.

For depressed nipples we draw them out with the breast pump, and when that is not sufficient we are forced to resort to the use of the glass nipple shield. This shield is, however, to be avoided and should only be used in bad cases of depression of the nipple or where you have a badly cracked nipple that bleeds at the nursing.

In cases of post partem oozing the nurse is allowed to give fluid extract of ergot dr. i, and may repeat it after twenty minutes if necessary. (We have just begun the use of the extract of the pituitory gland for uterine inertia and post partem haemorrhage. It has been used on a few cases and has proved to be very prompt in its action. One cc. of a twenty per cent. solution is given hypodermically.)

For post partem haemorrhage the nurse may give ernutine .6 cc. per hypodermic and a hot (118 degrees) vaginal douche of sterile water, passing the nozzle high into the vagina.

For subinvolution of the uterus we give fluid extract of ergot dr. i twice a day for two days and keep the patient in bed.

For foul odor to the lochia without general infection, we give a lysol one-

half per cent. douche twice daily, the nozzle to be introduced but a short distance into the vagina and the douche to be given at low pressure. An antiseptic vaginal cone is frequently introduced into the vagina twice a day after the douche.

For after pains when they are severe we give morphia, hypodermically.

All cases of puerperal infection of a general nature are transferred to the fourth floor of the main building for treatment.

The New-born Babe.

The new-born, full-term, healthy baby is taken to the nursery, the eyes flushed with 1-40 boracic acid, and gtts. ii of a forty per cent. solution of argyrol dropped into each eye.

The entire body is oiled with warm olive oil and the babe placed in a warm cot until such time as it is to be bathed. There is no hurry about the bath, neither is there need of more than half an hour to transpire from the birth of the child until it is tubbed. That half hour gives the olive oil sufficient time to dissolve the vernix caseosa.

Before the baby is bathed it is weighed and the length is measured, and both recorded on the infant's history sheet.

The first bath is given by immersing the child in a bath of water at a temperature of 101 degrees F., using olive oil, castile soap and considerable friction. The bath completed, the body is examined for birth marks, deformities and abnormalities of any kind. The umbilical cord is thoroughly dried and wrapped in dry biehloride gauze, this is secured in place by means of an abdominal binder. The cord dressing is changed daily after the morning bath. A small piece of adhesive plaster (upon which is written the infant's surname) is then adjusted between the shoulders, and after powdering the folds of the skin and the buttocks, the child is dressed in the "Gertrude" suit. This suit consists of three triangular diapers, one white flannelette slip without sleeves and a cotton dress. The eyes are then flushed with 1-40 boracic acid and the baby is returned to the warm cot, on which a tag with its name and number has been placed.

We allow the mother to rest for at least six hours before putting the baby to the breast, after which the child is nursed every six hours the first twenty-four, every four hours the second twenty-four, after that every two hours during the day, and every three hours during the night. Before and after each feeding the baby's mouth is washed with glycothymoline 1-3, and the mother's nipples thoroughly cleansed with 1-40 boracic acid.

After the cord is off we do not continue the use of the abdominal binder unless there is a protusion of the umbilicus or where there is a discharge of the umbilicus that still requires a dressing kept in place.

The second bath and those succeeding are given with the baby on the knee, until such time as the cord is off and the umbilicus healed, then we begin tubbing daily.

Each baby is weighed before the morning bath and the temperature is taken twice daily; these with the number and character of the stools are recorded on the infant's chart.

All premature babies and those weighing less than five pounds are not bathed but are oiled daily with warm olive oil and wrapped in a dress of batting.

When the five-pound mark is reached the baths begin and the batting dress is discarded for the usual "Gertrude" suit.

In the early history of the Burnside Hospital you may remember it was the rule, when a nursing mother had not sufficient milk for her baby, that her child was taken to the breast of a mother who had more than she required for her own little one. That method is entirely given up and as auxiliary feedings for insufficiently fed babies we give a formula from a feeding bottle. We use a mixture of cream and whey almost entirely, and it gives great satisfaction. Where we have a totally artificially fed baby we find the same formula, only in a larger quantity, proves satisfactory for the first three weeks of life, then a change in quality is essential. We have very few infants with us longer than the first three weeks of life, but for those few we have found Horlick's malted milk to be excellent food for the totally artificially fed baby.

For an infected cord we clean up the part with an alcohol swab on a tooth pick and apply the dressing used in the Burnside Hospital for years—moist bichloride 1-5000 changed every four hours.

For constipation or ordinary green stools we give castor oil dr. i. For persistent green stools we give Gray powder grs. ½ twice a day for two days. Never do we give a purgative to a premature baby but use soap cones or injections if necessary.

For high temperature in the new-born baby our usual treatment is a colon irrigation of cold sterile water Oi for a temperature of 101 degrees or over. This is marvellous in its results.

W. M. BRERTON, Toronto.

THE PLACE OF APPRENTICESHIP IN VOCATIONAL EDUCATION.

(Continued from February)

Examples could be multiplied, but these will be sufficient to illustrate the tendency in industrial and to some extent commercial education. It seems to be the general opinion among pupils, employers, educators and the intelligent public that these methods are a decided advance over the old type of apprenticeship training. Some of the results noted are:

1. The attraction of a better class of applicants.
2. Increased intelligence in the carrying out of instructions.
3. Fewer accidents and mistakes.
4. Increased earning power—more rapid promotion.
5. A finer product—more finished work.
6. An increase of output and less waste in production.
7. A greater interest taken by boys and girls in their work.
8. A general improvement in the moral tone of the shop.
9. A finer spirit of co-operation between employer and employee.

The testimony of many employers goes to prove that all these gains more than offset the loss of time due to class work. "The training in the school and shop is better than the old apprenticeship training in the ratio of five to one," one man says; another that "Ten hours theory per week in a good mechanic

art's school fits a boy to go on with those who have spent fifty hours a week in the regular way." This is the judgment, not of educational theorists or sentimentalists, but of hard-headed business men. The graduates of these better schools are so greatly in demand that they cannot be trained quickly enough to fill the excellent positions waiting for them.

Now how does this apply to the training of the nurse? We have seen that in all essential characteristics our schools are still fairly close to the original apprenticeship type. This was not the plan of Florence Nightingale, who insisted that the school of nursing should be independent of the hospital in support and administration. That wise arrangement we have not perpetuated, and the results of the other system are before us. We have traced its effects in other types of vocational education and find that they correspond fairly closely with the outstanding defects in our own. Our limitations seem to be the limitations of an antiquated system of education.

It is true we have modified it considerably and introduced many new features in the purely practical training. The preparatory course is a great step in advance, and the number and character of the lectures and class work is improving each year. We are beginning to see the importance of having trained teachers and of affiliating with technical schools and colleges for some of the scientific subjects. But our proportion of theory to practice is still far below that found in the trade schools. There one hour of theoretical teaching to two of shop work is a common ratio, more frequently perhaps one to four or one to eight, while in the best of our nursing schools it is very doubtful if the proportion would be higher than one to twenty for the eight months in which lectures and classes are given. Of course it is usually expected that one or two hours daily will be given to extra study, but all of this time and very often the time for lectures and classes is outside of the ten hours daily duty or the twelve hours night duty which still prevails in most of our hospitals.

We may as well admit also, that bacteriology as usually taught, chemistry (where any is given), even our anatomy and physiology, would scarcely be accepted in most good high schools. A ten-hour theoretical course in bacteriology, or a twenty or thirty-hour course in anatomy and physiology, would be considered absolutely inadequate by an inteliigent dairyman, or an up-to-date farmer. The barbers and hairdressers in the German schools have twelve to twenty-four hours theory per week. Much fuller and more thorough courses in all of these subjects are demanded of any woman who is to teach cooking to children in the public schools. Any good high school teaches more of foods and the chemistry and physiology of nutrition than is given in the majority of our training schools. Lack of time, lack of adequate support, ignorance of the real need, are accountable for these things.

Of course it will be urged that our results are far in advance of our methods, that our students pick up a great deal incidentally and that common sense and the nursing instinct will supply most of the deficiencies. But is this true? We do have many intelligent women in the profession, but as a rule their intelligence is the result of previous preparation and individual study. On the other hand, with our low standards of admission, the profession is being overcrowded with women of the poorest educational attainments, who can only

be expected to reach even a fair degree of intelligence in their work by systematized and thorough training. It is these who need to be helped most, if they are to be retained at all.

I do not propose to rehearse what must be very familiar to most superintendents—the failings of graduate nurses. I have been very much interested in the nature of these complaints. Omitting the very common charge of commercialism, which seems to be taking hold of many other professions besides our own, the general complaint is far more that she "does not seem to understand her job" than that she is "overtrained." Educationalists frankly condemn our methods of education. High school principals will not urge their bright students to go into our schools on account of low standards, and parents object on account of the conditions imposed. College women hesitate to enter a profession where there is so little opportunity for getting at the reasons of things. The best of our nurses themselves never cease to lament the deficiencies in their theoretical preparation and go halting all their days for lack of it.

For all this, the work of nursing is so vital to the well being of the community, and has in itself such enduring attractions, that more and more women are being called to it every year. Our responsibilities thicken with the rapid enlargement of our field. To the simple bedside care of the sick, under the watchful supervision of the physician, has been added the social and educational duties of the school nurse, the municipal nurse, the tuberculosis and infant mortality nurse, other forms of social service. The administration of anaesthetics, nursing of the nervous and insane, certain forms of research and statistical studies and many other branches requiring a wide and special knowledge of the social sciences, of conditions of mental as well as physical health and disease, have been added. The public looks to the nurse not only to care for them in sickness but to advise them how to prevent sickness. In an age when every popular magazine contains articles on hygiene, and every newspaper advertises quack nostrums and exploits under scientific guise new healing fads, the nurse who is to help others into sane and healthy modes of living must herself be able to detect the true from the false. In no better way can she support the medical profession than in thus pointing to the rational basis for the prevention and treatment of disease. Common sense or intuition will not teach her these things, neither will a working experience in a hospital do it. There must be some way whereby every nurse will be able to acquire under fair conditions that kind and that amount of scientific knowledge which will enable her to practise her profession safely, efficiently, with joy and satisfaction to herself, and with the maximum of service to the public. I do not need to add that this professional preparation should concern itself strictly with nursing—not with diagnosis, nor with surgery, nor with the practice of medicine—nursing as Florence Nightingale defined it.

If the facts presented in this study of the apprenticeship system are correct, and the deductions logical, we are forced to the conclusion that there is little chance for any substantial progress in nursing education under the present arrangement. It would be unreasonable to expect that the hospitals would turn their scanty enough funds toward the building and furnishing of class-rooms and laboratories, and the support of large faculties of instruction. They furnish

us the most valuable possible laboratories, with opportunities for observation and for practise, that we cannot value too highly or too securely maintain. The conditions of which we complain are not inseparable from that service. If industrial corporations and universities can arrive at equitable and effective methods of co-operation, it should not be impossible to philanthropic institutions and schools of nursing.

This problem of nursing education is too heavy a problem, and too fraught with momentous possibilities for public good or public ill, to rest entirely on the shoulders of one body of women. It is the people of the country, not the teachers themselves, who support teaching education, and we have seen that the same is true to some extent of agricultural education, of engineering education, of domestic science, etc. There is a distinct tendency toward the state control of vocational training. Certainly if state support is to be distributed according to need, or according to the importance of the public contribution rendered, there are few vocational schools which should receive more ample endowments than the future schools of nursing.

It seems to me we would do well to swing into these educational movements which are stirring all around us and to get in touch particularly with the new plans for vocational education in the high schools as well as in the technical colleges and universities. They are waiting to know what we want of them. We are practically sure of their co-operation. It only remains for us to study out our problem and to present it in such a way that the public, and its representatives in the state, will see how inevitably the common welfare is affected by methods of nursing education. Only then will we have the regulation and support which is needed to put our professional schools on a universally just and adequate, economic and educational basis.

ISABEL M. STEWART,

Debartment of Nursing and Health, Teachers' College, New York.

CORRESPONDENCE.

Dear Editor,—Because of changes being made by the German Board of Education in the summer vacation, Sister Agnes Karll has had to withhold final announcement of the date for the Congress of Nursing to be held in Cologne and this in turn has delayed me in writing to remind your readers of the meeting. However, it is now decided that the meeting will open on August 4th.

May I remind nurses' national organizations that we hope to get one full report from each country, showing the extent of all new lines of nursing, such as may be called "social" or "preventive" work, either in the public services or under private initiative? Of course, public school nursing is included with new developments in visiting nursing, and every similar branch of what Florence Nightingale would undoubtedly call "Health Nursing."

From every country where registration is in force, we ask also a report on the workings of State registration—what it does, how it may be improved, whether it is or is not a force for the advancement and strengthening of good nursing standards.

We do not now need the general kind of report which we formerly asked for countries in membership, as we now know pretty well the general lines of

one another's development. But we hope to take up seriously and steadily the work of studying, comparing and standardizing nursing education the world over. This will be done in connection with the reports of the Education Committee, of which Miss Hubrecht, of Holland, is secretary. I am,

Yours sincerely,

LAVINIA L. DOCK, R.N.,
Secretary International Council.

Detroit, January 22nd, 1912.

On behalf of Fanny Wilde McEvoy, the aged Nightingale nurse for whom an appeal was made not long ago in "The Canadian Nurse," I wish to thank the nurses of Canada for their prompt and generous response. Ontario, Quebec, Nova Scotia, Manitoba, Alberta and British Columbia nurses' contributions have come to me for her; in most cases the offer was made to repeat the contribution should it be needed. And in various centres there are nurses at work creating interest in this old veteran of the nursing profession.

I am glad to say that, despite her absolutely dependent condition, Mrs. McEvoy is happier and more comfortable than for many years. She has had a long, hard struggle with pinching poverty, haunted with the dread of want which was never far off. Now that she is assured of an allowance sufficient for her simple needs, she is grateful beyond expression. She accepts everything as coming from the Lord, which under the circumstances is quite proper, I suppose. Nurses and friends in Detroit saw that a sumptuous Christmas dinner was supplied her, together with numerous useful gifts. Altogether, she said she had not had such a Christmas since she left old England many years ago.

Many Canadian nurses living in the United States also came forward with assistance. There is no doubt but that with a little effort every year she can be kept supplied with everyday necessities.

To the editor of "The Canadian Nurse," who promptly let the needs be known, and to the nurses who have not only themselves contributed personally, but enlisted many others in her behalf, special thanks are due.

Faithfully yours,

CHARLOTTE A. AIKENS.

My Dear Fellow-workers,—May I have a chat with you, through the columns of "The Canadian Nurse"?

I wish to express my keen regret that we, Canadian nurses, do not more loyally and royally support our nursing journal—the one and only official publication of its kind throughout the Dominion of Canada. I wish to refer not only to the lack of subscriptions, but also to contributions to its columns. Remember, it was for us, and for the advancement of our profession, that it was called into existence, and through many and varied vicissitudes it has served us well.

Fortunately it has ever had a steady hand at the helm—otherwise it would have been wrecked and lost whilst heroically pursuing its rugged, rocky path.

The recent articles explaining clearly and concisely the limited circulation and hence financial condition of our magazine have no doubt been a surprise to many. It certainly has been to me. This state of affairs is due, I am confident, not to lack of appreciation, but through carelessness on our part.

It is high time that we, as nurses, should wake up to our responsibility in

this matter and see to it that our names appear on the list of subscribers, that we speak a good word for our journal, in season and out of season, and when anything comes up in our nursing career which might be of general interest do please let us pass it on to the readers of "The Canadian Nurse"—then not unlike the little bootblack who contributed his penny to a worthy object we shall feel that "we have an interest in the concern." I care not how many other nursing journals we may receive, it is our bounden duty and should be our pleasure to first set in order those things which, as it were, pertain to our own household.

I feel sure there is much talent lying dormant amongst our Canadian nurses. Let us all try to help our zealous editor. Yes, even though we overwhelm her desk with our embryo literary efforts. If so, then we shall have the honor of being included in that number to whom our talented author, Agnes Dean Cameron, dedicated her interesting book, "To those who just do the best they can."

Faithfully yours,

ANNA ASENATH HAWLEY.

The Reserve, Fort a la Corne, Saskatchewan.

THE SCHOOL NURSE.

The Canadian Public School Nurses' Association held its annual meeting at the home of Miss Mary A. Kingstone, Jarvis Street, Toronto, on February 5th. The following officers were elected for 1912: President, Miss Lina L. Rogers, R.N.; Vice-President, Miss Ella J. Jamieson; Recording Secretary, Miss Nellie Hatch, 33 Dundonald Street, Toronto; Corresponding Secretary, Miss Edith M. McCallum; Treasurer, Mrs. J. L. Thorne; press representative, Miss Muriel MacKay. A delightful time was spent and refreshments served at the close of the business meeting.

Ten new medical inspectors and six nurses have been appointed recently in Toronto. The staff consists at present of chief medical inspector, superintendent of nurses, eighteen medical inspectors, one dental inspector, twenty-five nurses. There are seventy-five schools with an attendance of 45,000 children.

Among the interesting things brought to light by the nurses during their investigations are the following: One nurse took all the anaemic and undernourished children in the district to a hospital clinic and found twenty-six had incipient tuberculosis. Another nurse referred the cases of discharging ears to the medical inspector for special examination. Cultures were taken and in five cases diptheria germs were found.

In Regina, Dr. Harte, Superintendent of the Tuberculosis Sanitarium for Saskatchewan, has volunteered to examine all cases of suspected tuberculosis among school children not having a family physician. This work is much appreciated, for, as yet, we have no free clinics. In addition to this, Dr. Harte has lectured in all the schools on the prevention of tuberculosis and has offered prizes of $5, $3 and $2 to Grades VIII, VII, VI and V respectively for the best essays on the subject. The large and attractive exhibit presented at the lectures won enthusiastic attention from all grades.

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Editorial

THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES.

The annual meeting of the Canadian National Association of Trained Nurses will be held in Toronto on April 4th at the Toronto Graduate Nurses' Club. Arrangements are being made for an interesting programme and a good attendance of delegates from every Province in the Dominion is earnestly hoped for. The Canadian Hospital Association meets on the two following days at the Parliament Buildings, Toronto.

COLOGNE.

Nurses who are planning to attend the International Congress of Nurses at Cologne will read Miss Dock's letter with interest. The date for the opening is August 4th. *The British Journal of Nursing* says:

"Two functions are settled. (1) That the Congress is to be entertained at a municipal banquet on the opening day, and (2) that the Congress will close with a presentation of the Nursing Pageant in the magnificent Gurzenich—which lends itself splendidly for the purpose.

"The presentation of our pageant will be a great historic event at Cologne."

So you will have an opportunity of viewing the "Nursing Pageant," which is a great privilege.

The reports on new lines of nursing from each country will be both interesting and instructive, and those on Registration from the different viewpoints should prove very helpful to those countries which are trying to secure registration for nurses. We are expecting great things from Cologne.

NEWFOUNDLAND.

Newfoundland has its princely benefactors too. The Messrs. Reid, of St. John's, have come forward with a magnificent offer to the Government to help in the war that is being waged against tuberculosis.

Mr. W. D. Reid offers to build, furnish and equip a sanitarium, cost about $50,000, for the treatment of tuberculosis in St. John's. Messrs. H. D. and R. G. Reid and the Reid Newfoundland Company offer to build, furnish and equip a smaller sanitorium, cost about $3,000, in each of the sixteen extern electoral districts. These sanitoria, when complete, are to be handed over unconditionally to the Government to manage and control.

"The appropriateness of the gift and its timeliness will combine to fix it in the public mind as an admirable example of doing a thing wisely and well, and of earning for the generous donors the heartiest thanks of the people of the colony. The gift is conceived in the best spirit of the modern idea whereby captains of industry regard themselves as trustees in a measure for the communities in which they are established, and set apart a portion of their wealth for the promotion of movements calculated to make life more pleasant to the mass of those among whom they dwell. In no more enlightened or commendable direction can this be done than in assisting in reducing the annual toll of human lives taken by this disease."

The work for the prevention of tuberculosis has grown to such proportions

that the Government decided to assume control. Just at the psychological moment this magnificent offer is presented, which will enable the Government to carry out its new policy promptly and effectively. The people of Newfoundland are profoundly grateful for this princely gift.

THE CANADIAN NURSE.

Have you read Miss Hawley's letter? If not, do so now. Then consider whether you have heeded the request to help augment our subscription list. A good subscription list is necessary to the success of any magazine. "The Canadian Nurse" is no exception to this rule. The list is growing, but slowly. That is because you haven't yet sent in your new subscriber. Don't delay any longer. You want to assist in the improvement of the magazine, and this is one of the ways. As Miss Hawley says, "We have an interest in the concern." Let us see the evidence of this interest, even to the "overwhelming of the editor's desk."

NURSES FOR INDIA.

The nursing of the sick in hospital varies little whether that hospital be in India, England, China or America. But to properly man the hospitals of India or China, so that they may measure up to the full capacity of their usefulness, is another question. This matter is brought to our attention by a letter from Dr. M. S. Wallace, of the Medical School of Tudhiana, India, in which she says: "We have a large hospital in connection with the school and thirty Indian girls in training but only one 'sister' to train them. We want three more. The work is not harder here than at home with a full staff. Most of the nurses understand English. They are young and don't understand responsibility but they will make good, useful women under proper training."

Superintendents of training schools in India are working hard for the efficient training of their pupils, but this is a difficult task without a full staff. This appeal should call forth a response from some hearts. India needs nurses! Who will go? This is a large field of opportunity and will enable you to have a part in building up the profession in India. (Dr. Laura Hamilton, 68 Macpherson Avenue, Toronto, will be glad to answer further questions.)

It is interesting to note that among the recipients of honors bestowed by their Majesties, King George and Queen Mary, at the Durbar in India are some well-known nurses. *The Standard* has this note: "Among the honors bestowed by their Majesties in India, several awards to well-known nurses should stimulate the 'honors for women' movement at home, for at the Delhi Durbar the Kaiser-i-Hind Silver Medal, Second Class, was bestowed on Senior Nursing Sister H. A. M. Raith, of Queen Alexandra's Indian Military Nursing Staff, and Lady Superintendents M. L. Hayes, E. A. Wildman, R.R.C., and E. S. Kelly."

It is a source of gratification that the nurses of Canada have responded so generously to the appeal for Mrs. Fanny Wilde McEvoy. Miss Aikens, in her letter of appreciation, states circumstances as they are at present. And we feel sure the necessary yearly effort will be made so that this veteran nurse will be kept comfortable for the rest of her days.

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The Guild of Saint Barnabas

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Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

The first meeting of the season was held on Monday, November 27th, at the Residence, Hospital for Sick Children, where there was a good attendance of members and several nurses from the H. S. C. Miss Frances Kingstone was made a member and Miss Allwood admitted as associate. The next regular meeting, falling on Christmas Day, was postponed till Saturday, January 27th. There was a fair attendance. After the service and address by the chaplain on the Epiphany, Miss Maude Haslett was admitted as associate member. Several senior nurses of the Hospital for Sick Children were present. The meeting was adjourned after a social half hour. The next regular meeting will be held on February 26th.

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(INCORPORATED 1908)

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The regular meeting of the Executive was held at the Residence, Hospital for Sick Children, on Wednesday, February 7th, at three p.m. Eight members were present. Some letters were read re the annual meeting, and further plans made. We hope soon to announce the programme.

A letter from the W. C. T. U. asking assistance in some way for their new home. Many homeless girls are cared for during the year and the work is in every way worthy. Ten dollars was voted to help in equipping the new home.

Miss de Vellin was appointed convener of the Nominating Committee. It is hoped the members will do everything possible to facilitate the work of the committee.

A committee was appointed to confer with the Canadian Society of Superintendents of Training Schools for Nurses in arranging the date of the annual meeting. Will members note that the annual meeting will be held in Hamilton and plan to attend.

There are still some members in arrears to the Treasurer, who hopes this matter will be attended to before the time for mailing the ballot papers. While the Association is not seeking legislation this year, it nevertheless hopes that every organization of nurses in the Province is making a careful study of the question and getting ready for the future campaign.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

Established 1895. **Incorporated 1901.**

President—Miss Phillips.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison Street.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 75 Mansfield Street, first Tuesday, 8 p.m.

At the January meeting it was decided to change Article IV of the Constitution to read "two years' training" as the Association has had so many applications for membership from graduates of hospitals of recognized standing which give only a two years' course.

The lecture on Tuesday evening, February 7th, was not as largely attended as usual, so many of the nurses being busy.

Dr. Penwych was the lecturer, his subject being "Fractures." He was listened to with rapt attention. Several very useful hints were given the nurses regarding symptoms. The doctor went to a good deal of trouble, bringing a number of splints and explaining the different ways of applying them. At the close Miss Phillips thanked the lecturer and a hearty vote of thanks was tendered by the nurses. The usual social half hour was spent.

Miss Colquhoun has returned to the city after several months' absence and was given a hearty welcome by her many friends and particularly by the C. N. A.

The C. N. A. tenders its deepest sympathy to the Misses Smith of the R. V. H. and the M. G. H. in their late bereavement.

Several of the nurses have been ill and those who have reported their illness to our Registrar have been cheered by flowers from the committee.

Dr. Chipman will be our lecturer in March and we hope the nurses will come out in large numbers to hear him. Dr. Chipman never fails to give us help and inspiration for our work.

We would like to speak a word on behalf of our magazine. Are all the nurses subscribing and soliciting subscriptions? With very little trouble one of our committee secured six names at our Tuesday evening meeting. The journal is our own and we should all work for it.

My Scallop Shell of Quiet

Give me my Scallop Shell of Quiet
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage,
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul, like quiet palmer,
Travelleth toward the land of Heaven.

. . . . . .

My soul will be a-dry before,
But, after, it will thirst no more.

MY SYMPHONY.

To live content with small means; to seek elegance rather than luxury, and refinement rather than fashion; to be worthy, not respectable; and wealthy, not rich; to study hard, think quietly, talk gently, act frankly; to listen to stars and birds, babes and sages, with open heart; to bear all cheerfully, do all bravely, await occasions, hurry never; in a word, to let the spiritual, unbidden and unconscious, grow up through the common. This is to be my symphony.—Wm. Ellery Channing.

The fourteenth annual meeting of the Ottawa branch of the Victorian Order of Nurses was held January 19th and was one of the largest and most encouraging annuals that has ever been held by the Order. The meeting was greatly enhanced by being honored by the presence of Her Royal Highness the Duchess of Connaught, who expressed a wish to become more familiar with the Victorian Order work. Her Royal Highness was accompanied by Miss Pelly and one of the aides-de-camp.

This was also the red letter day for this branch in opening their new home at 478 Albert Street, an event long anticipated by the many interested friends, who have contributed most liberally to the purchasing of the house and also other matters of importance in connection with it.

The meeting was held in the board room, which, though bright, proved to be too small to accommodate everyone, those arriving after the appointed time having to be content with standing or sitting on chairs placed in the hall and library. The chairman was Prof. J. W. Robertson, who was most efficient and limited each speaker to a few minutes.

After the reading and disposal of the minutes and communications of the last meeting, very clear reports of the board of management and secretary were given by Mrs. C. B. Dougherty. His Grace Archbishop Hamilton spoke on the excellent work that the Order was doing throughout the Dominion and those who benefitted by the help these nurses gave at all times. He also spoke of other general characteristics of the Order.

The Treasurer, Mrs. C. F. Whitley, gave an excellent financial statement: Receipts for the year ending January 1st, 1912, were $16,822.75; expenditure, $14,709.68; balance on hand, $2,113.07. Duirng the typhoid epidemic last year in Ottawa the ladies were instructed to start and maintain a typhoid convalescent home, for which their total receipts were $979.50, and total expenditure $979.50.

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gets the eye and ear of thousands of women who need to know that alcohols, drug mixtures and opiates are poisons to be avoided and that

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11-10

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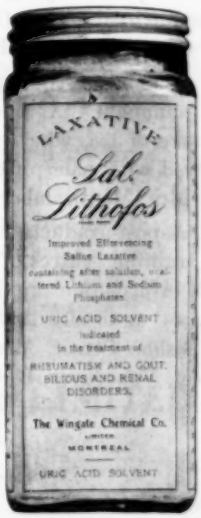
Expert knowledge and chemical skill of a high order were required to combine in this palatable preparation the necessary active constituents without it in any way producing the deterioration so often found in many advertised remedies.

SAL LITHOFOS is of value in restoring the organism to a normal state in a very short time. Sal Lithofos by virtue of its saliae aperient qualities is of distinct service in the treatment of cirrhosis of the liver and its attendent disorders.

A three ounce bottle mailed on request.



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Rev. Mr. Little and Mr. J. S. Ewart, Rev. Mr. W. A. Read and Canon Kittson then made short addresses which were very much appreciated by those present.

The report of the district superintendent, Miss Hall, was most gratifying and overwhelming, considering the vast amount of work accomplished during the short period of one year, there being 21,141 visits made during that time. Miss Hall made special reference to the great kindness of the Victorian Order committee of the May Court Club, they having fitted up the sterilizing room, kept it in order and paid for all the gas used for the year, as well as providing all the infants' clothing to be given away, and a loan closet. Their annual Christmas tree and supper given to forty of the poor children in the district were also much appreciated by the board. Sixteen nurses have completed their course during the year and hold responsible positions.

A very interesting address was given by Miss Mackenzie, the General Superintendent, who told of the work of the Order, which is under her supervision, which extends from coast to coast, also of the aims and objects of the Order and the high standard which it had lived up to since its inception, and which was the pride of every nurse and others connected with the Order. A thing of great importance in furthering the work was social service, and Miss Mackenzie said it was foremost among coming events to simplify the task which is set before nurses in their everyday life when ministering to the sick and needy.

The nomination and election of the local board of management for the coming year resulted as follows: Mrs. Thomas Ahearn, Mrs. Geo. E. Foster, Mrs. Robert Bell, Mrs. C. B. Dougherty, Mrs. C. F. Whitley, Mrs. Geo E. King, Mrs. O'Gara, Mrs. Montizambert, Mrs. A. Rosenthal, Lady Borden, Mrs. Hugh McLaughlin, Mrs. Peter Whelen, Mrs. J. S. Ewart, Mrs. Newell Bate, Mrs. P. D. Ross, Mrs. J. M. Courtney, Mrs. H. M. Ami and Mrs. J. W. Woods. The elections to the advisory board resulted as follows: Rt. Rev. Archbishop of Ottawa, Sir Sandford Fleming, Dr. J. W. Robertson, Rev. Dr. Moore, W. Y. Soper, Rev. Canon Kittson, Geo. Goodwin, Dr. Montizambert, Dr. Cousens, Dr. T. Gibson, Dr. G. G. Scott, Rev. Father Whelan and Dr. Echlin.

A standing vote of thanks was tendered to Her Royal Highness the Duchess of Connaught. At the conclusion of the business those present were invited to partake of tea, which was served in the pretty dining-room, the tea table being centred with pale pink carnations, and was presided over by Mrs. Geo. E. King and Mrs. Montizambert.

A post-graduate course in district nursing—four months is given at one of the training centres of the Order—Ottawa, Montreal, Toronto, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 478 Albert Street, Ottawa; 29 Bishop Street, Montreal; 206 Spadina Avenue, Toronto, or 1300 Venables Street, Vancouver, B. C.

THE MEDICAL PRESS AND EXPERIMENTS WITH

BOVRIL

The report on the nutritive value of Bovril read before the Annual Meeting of the British Medical Association is attracting wide attention in the medical profession.

The "British Medical Journal" of September 16 devoted some six pages to a detailed account of the recent experiments, in which it was shown that **in the case of human beings the body-building power of Bovril was "even more marked"** than had been previously shown in the experiments with animals.

A further article has just appeared in the "Medical Times" and that Journal points out that the experiments were originally conducted "with the object of ascertaining whether a certain beef extract (Bovril) supplied to the Government had any nutritive value or not. The results were simply startling."

"It was found that in all cases the administration of the extract (Bovril) caused an immediate increase in weight."

One important point brought out by these experiments is that this increase in weight is in tissue and muscle, and that **Bovril must therefore be regarded as a true nutrient.**

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HOSPITALS AND NURSES

Miss Blanche Gibson, private nurse, Shannonville, Ont., has returned to her duties after a much needed vacation in Lowell and Boston as the guest of her sister, who is Head Nurse in Lowell Hospital, Lowell, Mass.

Annie T. Brandou, graduate of S. G. Hospital Class '06, has accepted a position on the staff of the Y. W. C. A., Winnipeg.

Miss Margaret E. Hunter, of Toronto, graduate Hamilton City Hospital, is nursing during the winter season at Palm Beach, Fla.

Miss Pike, who has had charge of the Michel Hospital, Michel, B. C., for some time, has gone to Spokane, Wash.

Miss McKay, of Calgary, has accepted the vacancy in Michel.

Miss Gordon and Miss Brody, also of Calgary, are assisting Miss McKay in Michel.

Miss Parker, Jersey City, N. J., is doing private work in Brandon, Man.

Miss Snively is at present at Bournemouth, England, enjoying the mild weather and the profusion of flowers. She spent some time in London and learned to know that wonderful city very well. Miss Snively says: "On New Year's evening I enjoyed the great privilege of listening to Handel's Messiah at the Albert Hall. I shall always count this as one of the great pleasures of my life." We are glad to know Miss Snively is enjoying her stay abroad. Her permanent address is, care of Toronto Globe office, Grand Trunk Bldg., Trafalgar Square, London, England.

Miss Hallie C. Cord, of Needles, Cal., a graduate of the Philadelphia Lying-in-Charity Hospital and also of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been placed in charge of the hydriatic department at the Columbia Hospital, Los Angeles, Cal.

Miss Sara Elizabeth Moorman, graduate of the New York City Training School for Nurses, has taken a course in mechano-therapy at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, and has returned to Lynchburg, Va., to engage in private practice.

The D'Youville Alumnae Association of Ottawa General Hospital completed in January its first year very satisfactorily. The treasurer's report showed a substantial balance. The election of officers resulted as follows: President, Miss H. Leyden, 555 Somerset St.; First Vice-President, Mrs. W. J. Hull, 215 Bessura St.; Second Vice-President, Miss G. Cosgrove, 370 Lisgar St.; Secretary, Miss K. Casey, 641 King Edward Ave.; Treasurer, Mrs. E. Brunet, 232 St. Patrick St. The directors are: Mrs. C. Dasitt, Misses M. Cassidy, E. Burke, C. Mix, I. Fogarty, G. Evans, K. Gunn, A. McDermott and F. Lyons.

The Graduating Exercises in connection with the training school of St. Joseph's Hospital, Peterboro, were held on Tuesday evening, December 19th, when the graduates of 1911 received their diplomas and medals.

The spacious operating room was converted into a veritable bower for the occasion, and his Lordship Bishop O'Connor, who graced the occasion by his presence, presented the diplomas. In his remarks, his Lordship dwelt on the

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dignity of the nurse's calling and the sacredness of the duties entrusted to them, and urged each one to be faithful to the ideals of her profession.

The medals were then pinned on by the Superior, under whose supervision the nurses have been so efficiently trained and whose untiring efforts were rewarded by the high percentage taken by them at the recent examinations.

Dr. McNulty gave a resume of the evolution of the nursing profession, pointing out its early association with religion, its more widespread development as a result of Florence Nightingale's work during the Crimean War and the more recent influence of science in raising the profession to its present high pedestal.

Short addresses were also given by Rev. Father McGuire, Downeyville; Rev. Dr. O'Brien, of the Sacred Heart Church, Peterboro; Rev. Father Galvin, Kinmount, and members of the staff, including Dr. J. O. Galvin, Dr. Stewart Cameron, Dr. F. Neal, Dr. McPherson, Dr. Frederick, Dr. McCullough and Dr. McClelland, all of whom spoke of the efficiency of the hospital training, the aptitude of the graduating class and predicted success for them in their chosen work. The first part of the programme was brought to a close by Rev. Father McColl, who acted as chairman, and who, in his remarks, expressed the gratitude of the sisters and the nurses for the many kindnesses of the staff and for the deep interest in and generous support accorded to the hospital by them.

Those present then adjourned to the dining room, where the sisters had provided dainty refreshments, after which an hour was spent in music and social enjoyment.

The graduates were: Misses Annie Galvin, Mary Farley and Bridget McGuire.

The Woman's Hospital Aid, Wilmer, B. C., held their annual meeting on January 17th, when very satisfactory reports of last year's work were read by the retiring officers, after which the election of officers took place, resulting as follows: President, Mrs. B. G. Hamilton; Vice-Presidents, Mrs. F. G. Stalker, Mrs. J. C. Pitts, representing their respective districts; Secretary-Treasurer, Mrs. (Dr.) P. W. Turner; buyers, Mrs. F. G. Ball, Mrs. (Dr.) D. P. Huntington.

At the meeting of the Alumnae Association of the Royal Victoria Hospital, Montreal, held on the evening of January 10th, Miss Guerin read a most interesting paper on Jean Mance, the founder of the Hotel Dieu in Montreal. There was a good attendance and a hearty vote of thanks was tendered to Miss Guerin, which was seconded by Miss Gilmour, one of the former Presidents by the Association, who is at present visiting relatives in the city and who was most warmly welcomed by her old friends in the R. V. H. Miss Gilmour has resigned her position as Superintendent of the Hospital in Grand Falls, Newfoundland.

Miss Mabel McIntyre and Miss Watkins, class '10, R. V. H., Montreal, have opened up a private hospital in Toronto and are meeting with good success.

Miss Wright, a graduate of the R. V. H., Montreal, has been appointed Superintendent of the Rockford Hospital, Rockford, Ill., and Miss Drake, also a graduate of the R. V. H., is surgical nurse in the same institution.

Collingwood General and Marine Hospital.—Miss Florence Simons, class '08,

INSTRUCTION IN MASSAGE

Swedish Movements, Medical and Orthopædic Gymnastics

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The electrical department is thoroughly equipped with galvanic, faradic batteries, coils for High Frequency, Sinusoidal currents, X-Ray work, Static Machines, Bachelet magnetic wave, etc.

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Pupils are taught the use of Electric Light, Dry Hot Air Baths, Dr. Baruch's hydriatic table; we have all facilities for the administration of the various full and medicated baths, half baths, packs and other hydriatic procedures. Schott exercises are taught in connection with the Nauheim Bath. Nebulizers, Vibrators, Frazier-Lentz Baking Apparatus, local and general Blue Light Baths, Solar, Leucodescent Lamps, Bier's Hyperaemia and various other apparatus are thoroughly demonstrated and used in practical work on patients.

Theoretical and practical instruction. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Separate male and female classes. Diploma. Particulars and illustrated prospectus upon application.

Second Section of the Winter Classes will open on March 12, 1912
Spring Class opens on May 15, 1912

INSTRUCTORS

DANIEL D. HOYT, M.D. (Demonstr., U. of Penna.)

HOWARD A. SUTTON, M.D. } (Instructors Univ.
ELDRIDGE L. ELIASON, M.D. } of Pennsylvania.)

FRED D. WEIDMAN, M.D. (Demonstr. Woman's College of Phila., Univ. of Penna.)

WM. ERWIN, M.D., (Hahnemann and Rush Med. Coll.)

LOUIS H. A. VON COTZHAUSEN, Ph.G., M.D. (Grad. Phila. College of Pharmacy, Med. Dept. Univ. of Penna., Penna. Orthopædic Institute.)

MAX. J. WALTER (Univ. of Penna., Royal Univ. Breslau, Germany, and Lecturer to St. Josephs, St. Mary's, Mount Sinai and W. Phila. Hospital for Women, Cooper Hospital, etc.) Philadelphia General Hospital (Blockley).

HELENE BONSDORFF (Gymnastic Institute, Stockholm, Sweden.)

LILLIE H. MARSHALL } (Pennsylvania Orthopædic
EDITH W. KNIGHT } Institute.)

MARGARET A. ZABEL (German Hospital, Philadelphia, Penna. Orthopædic Inst.)

Pennsylvania Orthopaedic Institute & School of Mechano-Therapy

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was recently married to Dr. W. Parker, one of the leading physicians of Portland, Ore. Miss Carolyn Morrison, class '08, was married in October last to Mr. Jno. McCaig, of Stayner. Mr. and Mrs. McCaig will reside in Stayner. Miss M. Robinson, class '03, late Superintendent of Weyburn Hospital, Sask., is at present convalescing at her mother's, Mrs. A. Meachem's, after a very severe attack of pneumonia.

The Alumnae Association of Toronto Western Hospital held its annual meeting on Friday, February 2nd, in the Nurses' Residence with a good attendance. The President, Mrs. MacConnell, occupied the chair. The committee appointed to interview the Board of Directors of the hospital re some arrangement for the care of sick nurses, reported the Alumnae might choose a ward and furnish it and the sick nurse would be cared for there, free of charge, no time limit. The Alumnae was very gratified at the generosity of the hospital directors and appointed a committee to consider ways and means of furnishing the ward. The election of officers resulted as follows: Honorary President, Miss Bell; President, Mrs. MacConnell; First Vice-President, Miss Cooper; Second Vice-President, Miss Kelly; Recording Secretary, Miss Moore; Corresponding Secretary, Miss L. Bowling; Treasurer, Miss Anderson. After the disposal of business the members had the pleasure of listening to a most interesting and instructive address on Florence Nightingale by Dr. Clutterbuck. This story grows in power and inspiration the more we learn of it. Refreshments were served at the close of the meeting and a social half hour enjoyed.

The regular meeting of the Graduate Nurses' Association of Thunder Bay District was held on Thursday afternoon, February 1st, at the new Nurses' Home of the McKellar General Hospital, Fort William, Ont. In the absence of the President, the chair was occupied by the First Vice-President, Miss Blackmore. There was an average attendance. Two delegates were appointed to attend a meeting of the Women's Local Council on February 2nd, when equal suffrage was to be considered. The meeting was adjourned after a social cup of tea. In the report of the annual meeting of this Association in February issue there was a mistake in the officers. Mrs. J. E. Cooke is Honorary President and Miss Regan the President of the Association.

The regular monthly meeting of the Central Registry Committee was held at 569 Bathurst Street on Monday, February 5th, at three p.m. In the absence of Miss Ferguson, the convener, the chair was occupied by Miss McKenzie, R.N. Six members were present.

Thirteen nurses joined Registry in January and nine resigned. Five applications were considered by the committee and accepted. The following are the names of those who resigned: Miss Luckwell, graduate of the Toronto General Hospital, has gone to Los Angeles, Cal. Miss Margaret Campbell and Miss Clara Brown, also graduates of the T. G. H., have permanent positions in the city. Misses L. Adams, Catherine McLean and Petron Adam, graduates of the Hospital for Sick Children, Toronto, have accepted positions in the Washington University Hospital, St. Louis, Mo. Miss Margaret Wood, also a graduate of the H. S. C., has been appointed Head Nurse in the Alleghany City Hospital, Pittsburg, Pa. Miss Dowding, graduate of Aston Infirmary, Birmingham, Eng., has gone to practice in Calgary, Alta.

"overconfidence frequently begets carelessness, and as Spring approaches with its semblance of balminess so with it come those cases of Chest, Bronchial and Inflammatory Throat affections as a result of exposure from rushing the season.

That hot, moist heat, most conveniently, agreeably and effectively applied in the form of antiphlogistine thick and hot, not only affords relief from pain but hastens resolution of inflammatory processes, is conceded by the sum total of clinical experience.

Chilling by exposure in frequent changing of dressings counteracts the beneficial effect of hot applications, but by the use of antiphlogistine the part may be kept for hours continuously under the influence of heat and definite results can be expected."

The Registrar's report showed the number of calls for January to be 262. Five cases were cared for by the Extension Fund. The total balance in bank is $1,817.30.

The regular monthly meeting of the Alumnae Association of the Hospital for Sick Children was held in the Nurses' Residence on Thursday, February 8th, at 3.30 p.m., the President, Miss L. L. Rogers, in the chair. Three new members were admitted. Ten dollars ($10) was voted towards buying linen for the new Club House. Miss Holman, of the Social Service Department of the Toronto General Hospital, gave an interesting account of her work. The next meeting will be on April 11th.

The regular meeting of the Alumnae Association of the Toronto General Hospital was held at the Nurses' Residence on Friday, February 2nd, at 3.30 p.m. The attendance was small. In the absence of the President and Vice-Presidents, Miss Crosby was asked to take the chair. Miss Tweedie was appointed to represent the Alumnae at the meeting of the Executive of the Evangelia Settlement. Miss Harriet Thompson, a member of the Alumnae, who has been working in the Mission Hospital, Indore, India, gave a most interesting account of her work. The Alumnae was pleased indeed to welcome her and much appreciated her address.

THE HEATHER CLUB.

Though the Heather Club has been silent for some time, the work has not been standing still.

Appreciation of Mr. Robertson's generous gift—the large extension to the pavilion for tuberculous children—was shown, as he most approves, by using it. The extension was furnished and during the summer seventy-seven patients were cared for. Their happy brown faces and little round tummies made forceful the statement of the doctors in charge that fresh air and good nourishment are getting at the root of the trouble with these small lads and lasses.

Since the winter has come, 156 patients have been visited in their homes, ten bottles of tonic emulsion distributed weekly, twelve quarts of milk per day, 377 articles of clothing were supplied, two beds with bedding and many baby clothes to the wee tots in the families.

While we are accomplishing so much we see much more to be done. In France a successful scheme is carried out under which tuberculous children are boarded in the country until they are twelve or fourteen years old. Many become interested in agricultural pursuits. By this means they not only overcome the disease, but become useful citizens so long as they continue to lead healthful outdoor lives.

Are there not doctors throughout Ontario who could let us know of homes where it would be safe to place these bairns, at say from three to four dollars per week, and who would visit them once a month and report to our doctors; and nurses who would join us in an effort to keep these under their supervision and help in freeing our Province of this white plague?

Donations of clothing can be sent to Miss Charters at the Hospital for Sick Children; of money to the Treasurer, Miss Fullerton, 176 Geoffrey Street.

MARGARET CLUTTERBUCK

Germ-Laden Dust Spreads Disease

Even with modern systems of ventilation and scrupulous regard for cleanliness, hospitals are exposed to germs.

When all the usual precautions have been taken there still remains the danger from germs carried by dust circulating in the air. An easy and certain way to keep down dust is to use

STANDARD Floor Dressing

It catches the dust as it settles on the floor and holds it there. In this way the germ life which clings to the fine dust particles is prevented from circulating in the air and endangering the health.

Standard Floor Dressing is a special preparation and, so far from containing anything on which bacterial life can sustain itself, it kills most of the disease germs with which it comes in contact. It also gives the floor a cleanly, finished appearance.

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On request we will be pleased to send any person interested, free of charge, a booklet illustrating the advantages of the use of Standard Floor Dressing. This literature should be particularly interesting to hospital workers and all those who are in a position to promote hygienic conditions.

A post card requesting information will receive immediate attention.

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ST. JOHN'S, NEWFOUNDLAND.

Christmas time at the General Hospital, St. John's, Was marked by the usual festivities and the unusual number of empty beds. As a rule there are none at any other time of the year, but that does not mean that we always have a holiday at Christmas, for there are always the bad cases that must come into hospital and the urgent cases of life and death that must be operated on.

Around the children's beds signs of Santa Claus' approach were evident. On Christmas eve stockings hung from every bed and were found well filled in the morning. The greater number of the patients were able to enjoy their dinner of turkey and plum pudding without any bad consequences. After dinner, the Governor and Lady Williams visited the hospital and had a chat with each patient. In the afternoon Santa Claus himself appeared in red cloak and grey beard, with a full bag, from which he produced gifts of all kinds for young and old. During the evening some magic lantern pictures made the time pass pleasantly until bedtime came.

On the following Thursday the ladies of the Cowan Mission gave their annual tea and entertainment. Delicious tea was served in each ward, but the principal tea and concert were in Carson Ward, where were the greater number of patients, and to which all who could be moved were brought. In addition to the tea a present was provided for every patient, nurse and servant in the hospital as a souvenir of the occasion. The concert was over at six and half an hour after the wards had resumed their usual appearance. Even the very sick patients seemed to enjoy it, as one old man remarked, "Ah, it cheered us up." The wards were very prettily decorated by the nurses and looked very nice. Three nurses were presented with their badges and certificates gained during the year. The badges were pinned on by Miss Browning, Vice-President of the Cowan Mission, in the absence of the President, Mrs. Harvey. The nurses were: Bertha Horsey, Violet Snow and May Lloyd. We were glad to see most of the graduates present on that day.

A POST-GRADUATE COURSE AT THE JOHNS HOPKINS HOSPITAL.

The scholarship awarded each year to a member of the graduating class reads: To be used in the pursuance of a year's work in Teachers College, Columbia University, or a year of post-graduate work in the hospital. The choice is left to the decision of the senior receiving the scholarship. The purpose of the scholarship is to give the holder the benefit of a systematic and thorough course in institutional management, a general and detailed study of the scope and administration of the hospital as a whole and of each office and department.

The course offered at Teachers College is outlined in its catalogue. The holder of the scholarship during the present year, however, chose to take the post-graduate course in the hospital.

The work was begun in the surgical supply room. Consideration was given to the division of work and responsibility among the probationers in making up sterile and unsterile supplies. The quantity and quality of materials needed for surgical purposes as gauze, gloves, catgut and similar supplies, firms patronized and relative prices, methods of buying, contracts, reception of goods, bills

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The product that first demonstrated the merits of a Malted Milk diet for infants and invalids. Has been used successfully in all parts of the civilized world for over a quarter of a century. Prepared under strict supervision in the largest, the cleanest and best equipped plant of its kind in the world. Stringent regulations govern the milk supply, the grains are malted on the premises, and every detail is carried out in a scientific manner. The standard food of its type. Imitated but never equalled.

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For Thirty Years

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has held its position as a valuable remedy for the bronchial diseases of childhood.

It is particularly useful in the treatment of the very young.

Cresolene is indicated in Whooping Cough, Croup, Bronchitis, Asthma, Coughs and the bronchial complications incident to Scarlet Fever and Measles.

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and records, methods of requisition and distribution were all studied by actual participation in the work.

A month was spent in the linen room. Here the household supplies were considered in the same way that the surgical supplies had been. The system of linen exchange, repair and replacing, materials and patterns, mending and stencilling, the records kept and the annual inventory were assimilated through practical demonstration. Ten days in the laundry were devoted to investigating the various processes necessary in laundering the hospital linen, the capacity, output and efficiency of the boilers, extractors, dryers and mangles, the soaps, bleaches and other cleansing agents used, the number of employees required, their output, hours, wages and housing, and many other factors in the appointment of a well-ordered laundry.

It would be very tedious and uninteresting to continue in detailing the points studied in each department. Let it suffice merely to outline the plan followed.

Time and study were given to the management of the big kitchen and the diet school, the handling and housing of employees, the system of cleaning throughout the hospital, the functions of the bank, the scope and management of the dispensary, the tuberculosis dispensary and the social service department. The methods of heating, ventilation, lighting, the manufacture of ice and purifying of water and disposal of waste were covered by several demonstrations given by the engineer, and by talks with the Supervisor of Buildings and the study of plans and articles on hospital construction.

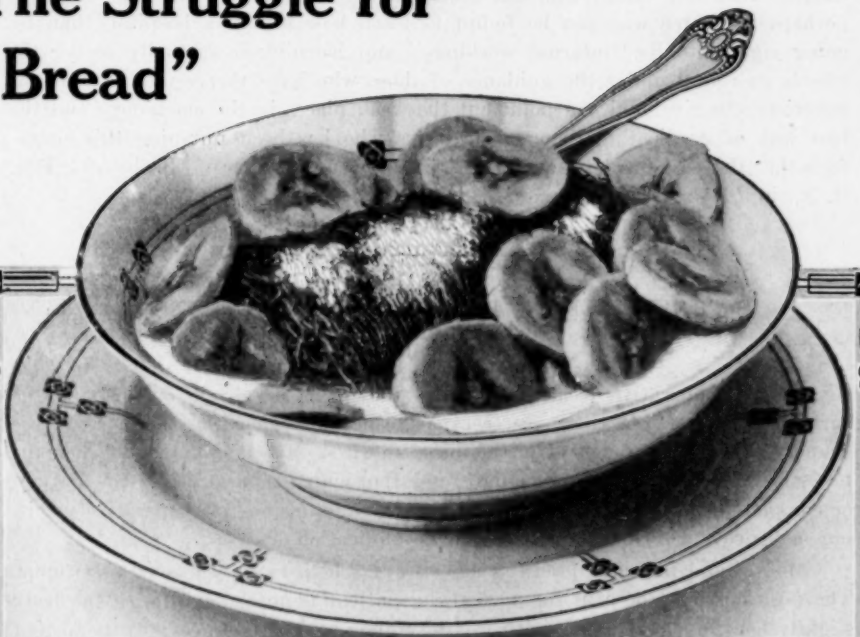
Many opportunities were open to acquire experience and insight into the management of the nursing department and training school. Opportunities arose for assuming charge of a public ward for two weeks, and later charge of a private ward for a similar period. The nurse pursuing this course had had charge of a colored ward for six months during her training as a pupil nurse. The position of night superintendent was undertaken for a month. Some time and observation were given to the management, equipment and technique of the operating rooms and obstetrical ward. The schedule of class work was followed up, and many classes and demonstrations were attended, especially those courses given not by the medical staff, but by the nursing staff as practical nursing and materia medica. The reference library and current nursing journals provided material for much thought and study. Many days were devoted in part to the teaching and supervision of some of the probationers in the wards, who were just starting their practical work. Frequent visits were paid to medical clinics and ward rounds. The maintenance and supervision of the nurses' home were discussed and worked out with the matron.

The year is not finished, and the remaining time will include, among other things, a study of housecleaning and taking of inventory during the summer months, and the work of administration of the training school in the superintendent's office, also a series of visits to the various hospitals, milk dispensaries, district nursing centres and other institutions in the city.

The course necessarily has been an entirely practical one.

Theoretical work and comparative study cannot be obtained by such a course limited to a hospital. But as no course in dietetics can teach us to turn out such

The Struggle for "Bread"



is as old as the human race. While you are struggling, however, be sure you are struggling for REAL bread — the kind that contains all the body-building material in the whole wheat grain. In

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you have all the muscle-building, brain-making elements in the whole wheat prepared in a digestible form —no yeast, no baking powder, no grease, no chemicals of any kind—just pure whole wheat steam-cooked, shredded and baked in the cleanest, finest food factory in the world. Nothing so delicious and satisfying for breakfast as Shredded Wheat Biscuit served with sliced bananas and cream.

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gastronomic delights. As we can learn from going right into the kitchen and cooking with old Chloe, who has been cooking since before we were born, so perhaps no better way can be found to learn how to run a hospital, than by going right into its "internal workings" and learning by actually seeing the wheels go round under the guidance of those who have the results of years of experience to give, and can point out the weak places in the machinery and the best way of eradicating them. The nurse who has been pursuing this course feels that the year has been one of inestimable benefit to her.—Elizabeth G. Fox, R. N., in *Johns Hopkins Nurses' Alumnae Magazine.*

THE RELIEF OF POST-OPERATIVE VOMITING.

By Alma Bruce.

The post-operative treatment of any patient is as a rule outlined by the surgeon in charge, but there are occasions, especially when the patient is in the country, when much depends on the nurse's own skill and judgment. When the necessity for operation is immediate and thorough preparation of the patient or complete evacuation of the intestinal tract is impossible, post-operative vomiting may prove a serious and distressing complication.

Mental and physical quietness are always a help in preventing this trouble. The positions most helpful for a vomtiing patient is on the side, with the body slightly bent, or on the back with a large pillow under the knees. In persistent vomiting changing the position to a half sitting posture has sometimes given great relief, but these are matters about which the surgeon may have left emphatic directions. Washing the stomach out with normal salt solution has prevented vomiting in many cases and relieved persistent vomiting when many other remedies had proven ineffectual. Slow irrigation of the rectum, using a small soft rubber catheter and checking the flow through the tube so that not over a pint in a half hour is given, has a good effect in some cases. If there has been a sign of a perforation in the bowel rectal irrigation should of course not be attempted.

Hot water will often relax and quiet the irritable stomach and a couple of teaspoonfuls of hot water or hot tea given every five minutes is a simple expedient worth trying. Bits of ice or ice water in many patients seem to increase the irritability and should never be given to laparotomy cases without orders. The application of an ice-cap to the stomach or a mustard plaster are both helpful in some cases and both occasionally fail. Bicarbonate of soda in doses of from ten to twenty grains in hot water has often proved effectual not only of relieving the stomach of gas but of checking the vomiting.—*The National Hospital Record.*

Let me tell you about Benger's Food for Invalids

In times of sickness and ill-health, the natural digestive organs are nearly always deranged, consequently the digestive functions become entirely inadequate.

Failure to digest any food taken into the stomach means failure to supply nourishment when it is most required.

On the other hand, if the digestive system can do any work, it should be given work to the extent of its power, then as strength increases, the digestive organs regain their activity.

The great advantage of Benger's Food is that it can be prepared to give either a carefully regulated exercise of digestion, or almost complete rest, according to the condition of the patient.

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Every lady having the care of an invalid, will learn much that is valuable to know in the new Booklet, just published by the proprietors of Benger's Food: among other things, it contains a variety of dainty invalid recipes, prepared to relieve the monotony of milk diet, which becomes very irksome to invalids. A copy will be sent post free on application to

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